

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Jefferson Society

ADDRESS (number and street)

340 E 64TH ST

☐(Check if address
is changed)

UNIT 20B

New York

CITY ▲

NY

STATE ▲

10065

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

info@jeffersonsoc.com

Optional Second E-Mail Address

jeffersonsociety@protonmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

jeffersonsoc.com

2. DATE

M M / D D / Y Y Y Y
12 / 12 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00798058

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LaBruna, Andrew, James, ,

Signature of Treasurer

LaBruna, Andrew, James, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
12 / 20 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

Jefferson Society**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

LOVERDE, GABRIELLA, , ,

Mailing Address

20 ELLEN POLIMENI BLVD

APT 334

CANANDAIGUA

NY

14424

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

LaBruna, Andrew, James, ,

Mailing Address

2320 Skyline Drive

Fullerton

CA

92831

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

714

253

2953

Full Name of
Designated
Agent

LABRUNA, ANDREW, JAMES, ,

Mailing Address

2320 SKYLINE DRIVE

FULLERTON

CITY

CA

STATE

92831

ZIP CODE

Title or Position

TREASURER

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Peapack-Gladstone Bank

Mailing Address

104 Ely Place

Boonton

CITY

NJ

STATE

07005

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE